



Concept Note

Pilot Study on Universal Social Protection for Persons with Disabilities (PWDs)



Social Security Policy Support (SSPS) Programme
Cabinet Division and
General Economics Division (GED) of the Planning Commission
Government of the People's Republic of Bangladesh
www.socialprotection.gov.bd



Concept Note for Pilot Study on Universal Social Protection for Persons with Disabilities (PWDs)

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BACKGROUND

Disability is a complex issue¹. The concept of disability evolves from a charity to a right-based approach (ILO 2017, UN2019). It is tremendous public health as well as development concern worldwide. One billion people or 15 percent of the world population are experiencing some form of disability²³. Compared to the incidence of disability worldwide, scientific analysis is abysmally scanty, and not well-grounded with a robust analytical framework. As a result, most of the studies attempt to measure disability incidence with huge variability; focus on outcomes rather than exploring causal links, and very few endogenize future dynamics. As a result, most studies are partial and case-specific country diagnostic which are not anchored in solid analytical and empirical foundation (Kid et, al, 2017).

The above-protracted neglect epitomizes society's attitude towards PWDs. These intellectual and scholastic problems compound in low income developing countries, wherein the absence of a universal definition often leads to the use of restrictive country-specific definitions based on political economy, no regular and follow up surveys are conducted resulting in periodic partial surveys, most studies are commissioned and are conducted as a part of due diligence to specific social protection program. It is not a surprise that with economic transformation in developing countries, vulnerabilities, and deprivations of PWDs have not waned in tandem. Rather, the PWDs continue to confront multifaceted vulnerabilities and marginalization with widening relative inequality. Notwithstanding multidimensional deficits, the available information suggests the following:

- (i) A significant population even within restrictive definition falls into the category of PWDs.
- (ii) PWDs are not an entirely homogenous entity. Variabilities in terms of poverty and vulnerabilities and access to opportunities exist across age (e.g., children face different vulnerability than aged), geography (rural vs urban), gender (female vs male), income and household characteristics, state policies towards PWDs, type of social contract with the citizenry, development pattern, structural barriers, and other country specificities (e.g., vulnerability to covariate shocks, institutional capacity, and quality, and so on).

¹ The World Bank. Disability Inclusion; 2019. Available from: <https://www.worldbank.org/en/topic/disability>

² Fifteen percentage of the world population live with disabilities. Some 80 percent of persons with disabilities live in developing countries. About 20 percent of the world's poorest people have some kinds of disability. 30 percent of street youths have some types of disability. 90 percent of children with disabilities in developing countries do not attend school. Globally, literacy rate among adults with disabilities is only 3 percent. Only 35 percent of total persons with disabilities are involved in income-generating activities². As the World strives to attain SDGs by 2030 based on the leaving no one behind principle, the PWDs constitute as one of the missing population groups from the mainstream development discourse who are living at the farthest milepost and need to be included in development process through appropriate development interventions.

³ Ibid.

- (iii) Persons with disabilities – and their households – are more likely to live in poverty and have lower standards of living than persons without disabilities. This is the result of systemic institutional, attitudinal, and environmental barriers that impact persons with disabilities opportunities to participate in economic and social activities, resulting in reduced access to, for example, education, employment, and healthcare, as well as more limited incorporation within social, economic, and political networks. In addition, households with PWDs are more prone to intergenerational poverty and vulnerability. People with disabilities, therefore, face greater challenges in acquiring the human and social capital needed to convert capabilities into functioning, thereby impacting their capacity to access adequate incomes. The following figure 1 shows the interlocking vicious cycle between poverty and disability nexus.
- (iv) In many societies, children with disabilities face challenges in becoming visible, with parents often ashamed of their children, who are frequently hidden away⁴. Children with disabilities also face the challenge of exclusion from education, with lower participation rates in primary and secondary education, which has a lifelong impact on social and economic opportunities. Furthermore, they often face the challenge of poor-quality education, with insufficient resources allocated to schools, inadequate training for teachers, and an absence of teaching assistants. As a result of more limited access to education, many working-age adults with disabilities have lower skills and experience significant disadvantages in accessing employment. This is exacerbated by discrimination, with women with disabilities often at a greater disadvantage than men. Becoming disabled during working age can have a devastating impact on family wellbeing. For example, in Bangladesh, a study found that 87 percent of those of working age who became disabled left employment within one year while 90 percent of their spouses had to provide them with care. As a result, 54 percent of caregivers had to forgo at least 15 hours of work per week, and often substantially more (Kid et al. 2017).

⁴ The analysis of the current paragraph draws on Kid et al, 2017.

Figure 1: Disability and poverty nexus



Source: Based on Banks (2017)

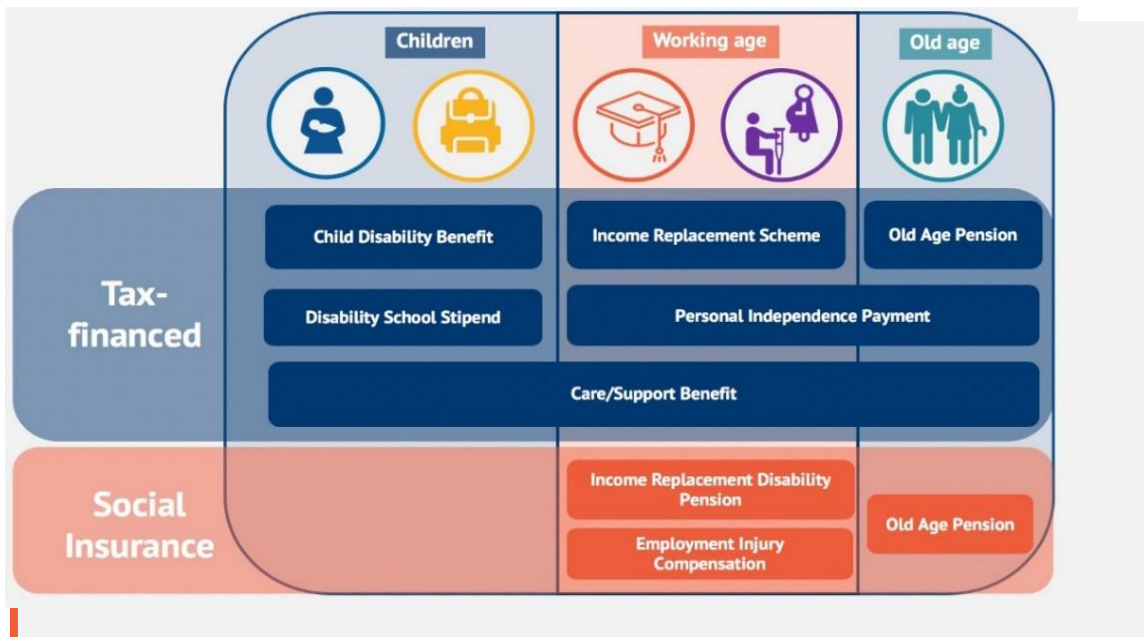
- (v) The cost of inaction and bypassing PWDs in the development process is disproportionately higher in low-income developing countries. The accumulated neglects when aggregated can be significantly high and may depress the country's both short- and long-term economic growth trajectories through multiple channels, impeding the developing countries' much cherished structural transformation.
- (vi) While the global SDG agenda is anchored in the leavening of no one behind the principle, i.e., reaching the furthest milepost, the PWDs constitute a major group, who are truly lagging and living at the bay. Without mainstreaming the PWDs, no country can qualify to attain SDGs.
- (vii) There is no universal programmatic instrument for addressing the vulnerability of the PWDs. This is caused by country-specificities, encompassing geography, society, behavioral, environmental, economic, and societal specificities. Nevertheless, there are certain commonalities across all spectrums which lend scope for exploring international best practices and their localization.
- (viii) Despite limited global level empirical evidence, growing evidence from country-level micro surveys suggests that the PWDs are disproportionately fallen victim to the Covid 19 pandemic (ADB 2020, World Bank 2020). In addition, PWDs are disproportionately exposed to covariate shocks.
- (ix) Social protection is an optimal (best attainable) tool for complementing other interventions e.g., social awareness, civic rights, PWD sensitive infrastructure, medical facilities, and so on. Social protection programs (SPP) can be effectively utilized to empower PWDs and create

opportunities for their participation in and contribution to the country's development. Figure 2 demonstrates a lifecycle-based social protection scheme for PWDs.

- (x) Enjoying development dividends, including social protection is not a privilege or charity, rather, it is a universally endorsed human right⁵. Nevertheless, global as well as various country studies overwhelmingly suggest that both monetary and nonpecuniary costs of SPP for PWDs are significantly small compared to financial and economic benefits. Required fiscal space can be readily created curbing fiscal profligacy and pilferages together with adopting progressive revenue mobilization measures. For example, freeing resources from inefficient and wasteful subsidization can be productively utilized to SPP for PWDs.
- (xi) International best practices suggest that universal SPP is more effective and implementation friendly, especially in countries with weaker institutional capacity than targeted interventions. In a country with a higher prevalence of redistributive politics, targeted measures are captive to inclusion and exclusion errors. In addition to allocative inefficiency, there are dynamic costs and scopes for pilferages. In addition, to keep up with purchasing power parity, SSPs need to be inflation and covariate shock-responsive. The challenges faced by persons with disabilities vary across the lifecycle and between cultures, societies, genders, and economic classes.
- (xii) Overall, disability prevalence increases with age and, on average, the highest prevalence rates globally are found among older populations (60 years and above) with an estimated 46.1 percent experiencing a moderate or severe functional limitation.

⁵ The right of persons with disabilities to social protection is recognized by the [1948 Universal Declaration of Human Rights \(UDHR\)](#), the [1966 International Covenant on Economic, Social and Cultural Rights \(ICESCR\)](#) and, more specifically, the [2006 UN Convention on the Rights of Persons with Disabilities \(CRPD\)](#). Article 28 of the CRPD recognizes the right of persons with disabilities to an adequate standard of living and to social protection, ensuring the enjoyment of both rights without discrimination based on ability. Therefore, States parties should take appropriate measures to ensure that they receive equal access to mainstream social protection programmes and services—including basic services, social security systems, poverty reduction programmes and housing programmes—but also specific programmes and services for disability-related needs and expenses.

Figure 2: Lifecycle based social protection scheme for PWDs



Source: Kid et.al 2017

THE BANGLADESH CONTEXT

Varied disability incidence

Disability is an important dimension of Bangladesh's poverty⁶. A significant share of people is affected by disabilities in Bangladesh and many of them live in poverty with limited means of living. In addition to economic disadvantages, people with disabilities (PWDs) also suffer from social stigma and exclusion. Studies suggest that many people in Bangladesh tend to believe that disability is a curse or punishment for wrongdoings and therefore a cause of embarrassment to the family. Stigmatization continues to prevail and affect PWDs' rights and access to education, health care, and other basic services and facilities. Disability in young children is often unreported and those of adults are regarded as a social burden, having a devastating psychological impact on PWDs.

Women are significantly more disadvantaged. A woman with the same level of disability as a man may be considered more disabled, and her access to education, health care, and a chance of marriage is much lower. Women and girls with intellectual disabilities are particularly more vulnerable to sexual abuse and child marriage. Children with disabilities are neglected by families, get less food and clothing than others of the same age, and their education and health needs may be ignored.

Bangladesh is one of the few developing countries where the focus on disability incidence monitoring was discernible even before the adoption of SDGs. This was indicated by the adoption of the "disability module" within the rubric of poverty diagnostic survey in the case of the Household Income and Expenditure Survey (HIES). However, the issue of disability still received inadequate policy emphasis in the discourse on human development, and even less attention in the prevalent thinking about poverty reduction (Sen 2017).

There are no reliable, up-to-date, nationwide statistics (Table 1), and uniform definitions⁷ on disability in Bangladesh. Existing data are based on projections, for example, using the WHO/World Bank average prevalence rates for developing countries, or on sample surveys. One of the key manifestations of this lack of empathy for disability is the official tendency to deemphasize the magnitude of the disability problem itself (Sen 2017). The Government of Bangladesh reports 0.91-9.17 percent of Bangladesh's population has a disability. This represents more than 24 million individuals. The HIES in 2016, (Figure 3) found a disability prevalence rate of 6.94 percent, whereas the 2011 National Census found only 1.7 percent disability incidence. NFOWD and Handicap

⁶ Ali (2014) reports that each year the country loses 1.74 percent of GDP caused by disabilities.

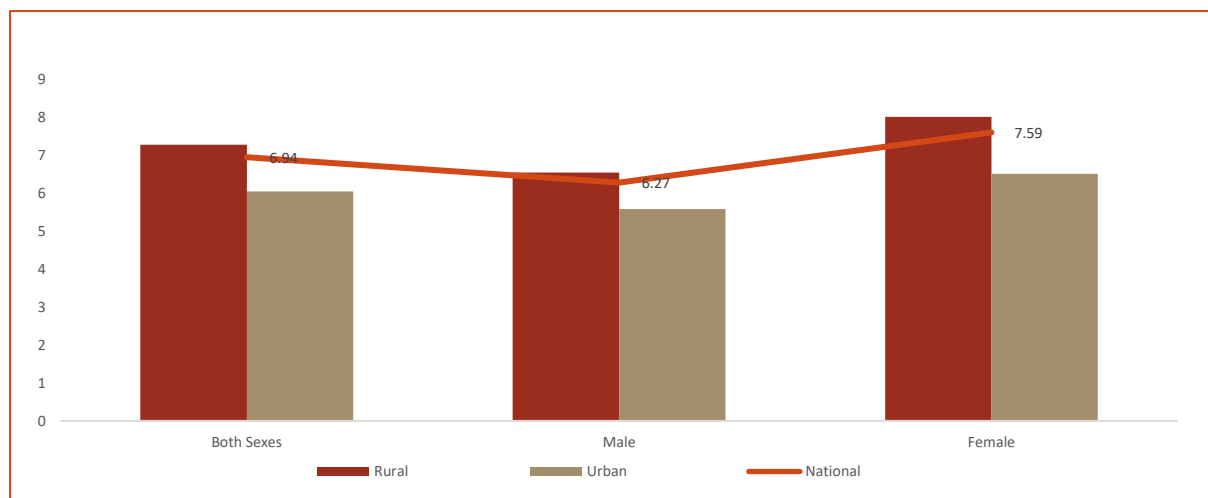
⁷ According to Ministry of Social Welfare, the Government of Bangladesh uses the definition of disability provided in the 'Rights and protection of persons with disabilities act 2013'. The definition, which is like the one used in the "Disability Welfare Act 2001", prepared the MoSW in close collaboration with the National Forum of Organizations Working with the Disabled (NFOWD) (Bangladesh Bureau of Statistics 2015).

International jointly found a prevalence rate of 5.6 percent which is referred to in the NSSS. A 2011 World Bank case study on disabilities in Bangladesh estimated that 16.2 percent of working-age people had a disability. While the HIES data for 2010 indicates that about 9.07 percent of the national population suffers from a disability, the official census statistics just a year later in 2011 tend to claim a much lower figure at 1.4 percent. Surprisingly, however, both the disability statistics are generated by different wings of the same agency. The difference in rates could be a result of changes in the measurement used over time, or different measurements by different entities.

Using an expanded measure of disability, the prevalence rate amongst adults was seen to be as high as 19.6 percent (SIDA 2014). The study also found a noteworthy gender imbalance in disability. Of all persons with disabilities, 69 out of every 100 were female. The prevalence of disability was higher in rural areas (17.3percent) than in urban areas (13percent). Persons with disabilities, on average, had completed only 2 years of schooling and were more likely than those without disabilities to be unemployed and to experience multiple dimensions of poverty (Mitra et al 2011).

The reported prevalence of disability has a direct bearing on the macro assessment of the potential share of the disabled population in poverty and has fiscal implications in addition to the design of social protection. Under a realistic assumption that the majority of the disabled are poor, a higher disability incidence would suggest a higher national poverty rate and vice versa. In addition to financial implications for provisions of SPPS, there is an underlying political economy to underreport disability incidence.

Figure 3: Disability incidence in HIES 2016



Source: HIES 2016

Part of the “hide and seek” behavior in national statistics may be related to the Government’s limited fiscal envelope. After all, the greater size of the disabled population would entail a higher claim on the national budget entangled in competing claims, assuming at a stretch that all people with disabilities are supposed to get “disability benefits”. However, a low official figure could also reflect widespread micro household behavior. Stigma is widespread to the extent that it tends to hide disabilities at the

family level and makes the disabled person at times an almost obscure figure in social discourse (Sen 2019). The hide-and-seek behaviors concerning disabled populations in this setting could be an exteriorization of widespread denial and/ or silence over the persistence of disability.

Legal and policy frameworks

The government of Bangladesh has taken several legislative and policy steps that indicate a commitment to advancing the rights of persons with disabilities. In terms of international instruments, these steps include:

- Signing and ratifying (in 2007) the *United Nations Convention on the Rights of Persons with Disabilities* (CRPD), as well as its Optional Protocol (in 2008). The CRPD is the first international, legally binding treaty aimed at protecting the human rights of persons with disabilities. The Optional Protocol allows persons with disabilities whose rights have been violated to bring complaints to the Committee on the Rights of People with Disabilities. Read the Convention at <https://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>
- Signing the Proclamation on the Full Participation and Equality of People with Disabilities in the Asia Pacific Region and the Biwako Millennium Framework for Action Towards an Inclusive, Barrier-Free and Rights-Based Society for Persons with Disability. Signatories pledge their commitment to developing effective policy and programs at national, sub-regional, and regional levels aimed at systematically improving the conditions of persons with disabilities and harnessing their full development potential.
- Signing and ratifying other treaties that advance the rights of people, including those with disabilities, for example, the *UN Convention on the Rights of the Child* and the *Convention on the Elimination of All Forms of Discrimination against Women* – both of which refer to protecting the rights of persons with disabilities to fair treatment, appropriate care, and full participation in society.
- Ratifying the *Dhaka Declaration on Autism and Neurodevelopment Disabilities*, which recognizes the need for concerted and coordinated actions, both regionally and globally, to promote access to quality mental health services.

In terms of national laws and policies, the following have the most direct bearing on the rights of persons with disabilities:

- The 1972 *Constitution of the People's Republic of Bangladesh* guarantees the basic human rights of every citizen of the country and prohibits any form of discrimination between social groups, including persons with disabilities. Article 15(d) secures the right to social security for PWDs.
- Bangladesh passed the *Rights & Protection of Persons with Disabilities Act* in 2013. It approaches disability from a human rights perspective and provides for inclusive education, the reservation of seats on all forms of public transport, accessibility provisions for all public places, equal opportunities in employment, and the protection of inherited property rights.

The law requires persons with disabilities to register for identity cards to track their enrolment in educational institutions and access to jobs.

- Also, in 2013, the *Neuro-Development Disability Protection Trust Act* was passed by Parliament, providing for the care, security, and rehabilitation of persons with autism.
- The first National Policy for the Disabled was adopted in 1995, to mainstream disability into the country's development agenda. It gives guidelines for prevention, identification, rehabilitation, education, research, and accessibility, among other things. It was followed by a Disability Welfare Act in 2001 and a National Action Plan in 2006, involving 17 different ministries. Since the adoption of the new Disabilities Act in 2013, the policy has been revitalized and coupled with new institutional arrangements and action plans.
- The National Child Policy of 2011 recognizes the equal rights of all children, including those with disabilities. It provides for the dignified treatment of children with disabilities, their inclusion, and participation in all aspects of society, including education. It also states that special education should be provided to children with disabilities who are unable to attend mainstream schools.
- The National Building Code of 2008 defines accessibility requirements for persons with disabilities. Further specifications are contained in the Disabilities Act of 2013, including sanctions in the event of non-compliance.
- The Information and Technology Policy of 2010 and the Women Development Advancement Policy of 2011 specifically refer to improving access and opportunities for persons with disabilities.

Role of Social Protection: NSSS

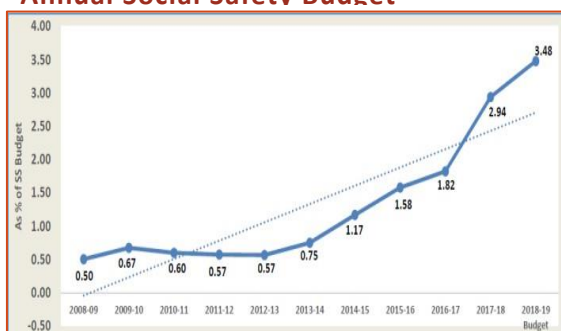
Social protection for persons with disabilities is fundamental for achieving their effective inclusion and active participation in society. Through the provision of essential health care and income security along the life course, social protection plays a critical role in reducing and preventing poverty, leveling out inequalities, and building resilience for all against shocks and crises over the lifecycle. To promote universal social protection, systems and schemes must be designed to address the specific circumstances of different groups of people and the situations they may face.

Social protection from a rights-based approach must accommodate the needs of persons with disabilities. Traditional disability-related social welfare schemes have mainly focused on poverty rather than considering specific challenges faced by persons with disabilities, particularly active participation in education, access to health, and employment. Previous methods of addressing benefits for persons with disabilities have shown limited progress in overcoming the deeply rooted social structures and practices that hinder opportunities for persons with disabilities. Consequently, social protection needs to move beyond traditional welfare approaches to intervention systems that promote active citizenship, social inclusion, and community participation while avoiding paternalism and dependence.

In the National Social Security Bangladesh (NSSS) and NSSS action plan, the Government has emphasized this sector. Over the next years, the Ministry of Social Welfare will consolidate the current support to people with disabilities aligning it to the lifecycle. It will involve three core schemes.

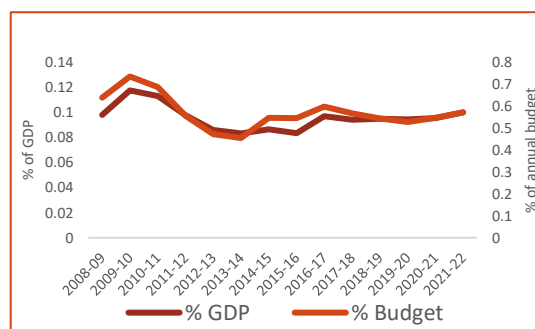
- **A Child Disability Benefit for all children with a disability, up to 18 years of age** - Given the priority attached to children with disabilities, the government may vary the amount based on the severity of the disabled and associated cost care. Mechanisms will be established which will remove children with disabilities from the street to prevent exploitation and the MoSW will be responsible for monitoring.
- **A Disability Benefit for all adults with severe disabilities, aged 19-59 years;** This scheme will mark a significant change in the lives of the disabled citizens, it will give them a morale boost since they will be better able to enter the labor market and access credit which they can invest in small business.
- **At 60 years, people with severe disabilities will transition to the Old Age Allowance.** - MoSW will define the disability and income criterion for inclusion in the program. The level of transfer will be reviewed to assess whether a higher transfer is viable considering the medical requirements.

Figure 4: Disability Budget as % of Annual Social Safety Budget



Source: Drawn from MoF data

Figure 5: Trends in allowances for PWDs



Notwithstanding a rising trend in resources allocation as reflected in figure 4, Bangladesh significantly lags in terms of vulnerability mitigation and investment, especially in future risk proofing than comparators within and beyond South Asia (Kid et al 2017; World Bank 2020). While Bangladesh aspires to graduate from LDC status by 2026, become a middle-income country by 2030, and become a developed country in 2041, the social protection regime for PWDs needs to be aspirational to keep up with the national ambitions.

Given the country's lingering stagnation in revenue mobilization implementing a lifecycle-based SPP for PWDs will be challenging, more importantly, it will require the best value for money in resource use. The built-in underreporting bias and optimal resource use suggest adopting a universal SPP regime anchored in a robust design, implementation, and monitoring, and evaluation framework. The design of the SPPs will require scientific analysis and evidence. There are many unknowns and critical gaps in scientific knowledge on, size, age distribution, spatial concentration, gender responsiveness,

determining coverage and benefit amount, required resource envelope, efficient financing modalities, and identifying shock responsive social protection for PWDs. A major component of the due diligence would be to estimate opportunity costs i.e., economic costs associated with disability-sensitive social protection together with assessing dynamic costs and benefits using appropriate simulation exercise. Knowledge gap prevails in assessing institutional, and identifying upside and downside risks, and their mitigation plan. As Sen (2017) reports the poverty-PWDs interface needs to be unpacked. Likewise, a solid analysis is required to understand and dismantle the interlocking vicious cycle between poverty and disabilities. As PWDs are most vulnerable to covariate shocks, customized SPP needs to be designed for PWDs. Simultaneously, the SPP for PWDs needs to be inclusive so that the PWDs even in remote areas are not left behind.

To this end, UNDP through its pioneering SPPS project is contemplating commissioning a pilot study by a reputed national firm to pilot an optimal social protection scheme for PWDs in Bangladesh. Anchored in a solid analytical framework, the study is expected to prepare a report containing the right answers and analysis to the above unknowns. In addition to using secondary data, the study will undertake a carefully designed survey to collect data and information to design/localize a universal social protection model for PWDs in Bangladesh.

PILOT STUDY ON UNIVERSAL SOCIAL PROTECTION FOR PERSONS WITH DISABILITIES (PWDS)

Objective

The study objective is to conduct a holistic empirical as well as analytical assessment of introducing a lifecycle-based inclusive and effective social protection program/model based on universalism and leaving no one behind the principle. In addition to income support, the study aims at identifying means to empower and capacitate the PWDs so that they can live with dignity. Simultaneously the study through consultations, dialogues, and dissemination will raise social awareness on this vital development agenda.

Scope

The overarching research questions, which constitute the broader scope of the study, are following⁸:

- I. What is the analytical framework? What are the links and interfaces among disability, vulnerabilities, multidimensional and intergenerational poverty, and equality?
- II. Why this agenda is vital in realizing the country's visions and development goals?
- III. What works to effectively meet the needs PWDs through social protection programs and systems in Bangladesh?
- IV. In Bangladesh, to what extent are social protection systems(both mainstream and disability-specific schemes) reaching PWDS (both as participants/beneficiaries, and as household members)? How effective are the programs?
- V. What are the specific examples of good practice (and what has not worked) inboth mainstream and disability-specific social protection programs and what lessons might apply elsewhere? The research should consider contextual factors and identify which aspects of different programs are likely to work better in different settings.
- VI. What aspects of social protection systems are necessary to ensure effective universalism for PWDs? This includes information about institutional arrangements and capacity, government buy-in, financing, andlinks to other sectors.
- VII. How can examples of good practice from different programs and different countries be brought together to create a social protection system for PWDs that considers the specific context in Bangladesh, and is effective in providing income and entitlement support to PWDs?
- VIII. What are the static and dynamic costs in implementing the proposed social protection program for PWDs? What are the financial and economic/social costs in the short and long term?

⁸ The list is not exhaustive and may undergo revisions.

- IX. What are the benefits (financial and economic/ social) of such program at the household and national level including monetized nonpecuniary benefits?
- X. What is the optimal benefit amount?
- XI. What is the optimal institutional architecture for implementation and the M&E framework of the suggested program? What would be a technically sound benchmark?
- XII. What are the effective grievance redress mechanism and safety valves for ensuring accountability?
- XIII. What are the effective ways to identify and reach the PWDs living in the country's different parts? What is the implementable plan to ensure that no one is left behind?

Methodology

The study merits a robust methodology anchored in a solid analytical framework. The commissioned firm may seek guidance from experts through pre-implementation consultations and dialogues. Using standard qualitative and quantitative techniques, the study will undertake an empirical analysis based on both primary and secondary data. For primary data collection, a carefully designed sample survey will be undertaken based on a semi-structured questionnaire. A quasi-experimental method may be applied to analyze processed data. One major task of the study is to build a solid benchmark based on appropriate criteria. Together with static analysis, the study will undertake dynamic and comparative static analysis.

Output & Deliverables

After the study commissioning, an inception report containing a detailed implementation plan together with a draft questionnaire will be submitted within 10 working days. The draft final report will be submitted within 50 working days. The final report will be treated as the final output which should be submitted within 60 working days of the study commissioning. 20 printed copies of the final report will be submitted. Three dissemination seminars will be arranged by the firm including a large launching event in Dhaka. All electronic data, information, reports, and so on will be submitted to SPSS, UNDP.

Reporting

UNDP's standard reporting system will apply. The lead consultant, The Program Manager, SPSS, UNDP will be the Chief of the Party. In addition, the Peers within and outside UNDP will ensure quality assurance.

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ANNEX: DISABILITY INCIDENCE

Table 1: Disability incidence

Survey	Organisation	Date	%	Definition of Disability
Household Income and Expenditure Survey	Bangladesh Bureau of Statistics	2016	6.9	
Household and Population Census	Bangladesh Bureau of Statistics	2011	1.4	“Disability” and six possible types
Rapid Assessment of Disability	Nossal Institute for Global Health, Centre for Eye Research Australia ICDDR B	2010	8.9	Self-Assessment of functionality. Prevalence of 8.9% found after adjustment to population. See more: BMC Public Health 2014
Household Income and Expenditure Survey	Bangladesh Bureau of Statistics	2010	9.1	Functional Limitations (Washington Group Questions) See more: the HIES Report and analysis of disability and inequality .
Prevalence of disability in Manikganj district	CIPRB with support from WHO	2009	4.7	Measurement of impairments, activity limitation and restriction of participation. See more: BMJ Open 2016 . Useful breakdowns by gender, age, etc, in the article.
Monitoring the Situation of Women and Children: Multiple Indicator Cluster Survey	Bangladesh Bureau of Statistics and UNICEF	2006	17.5 among children aged 2-9	Functional difficulties or delays in development. See more: key findings and disability broken down by type and location .
Disability in Bangladesh: A Study in Prevalence	Handicap International and NFOWD	2005	5.6	Unclear

World Health Survey	World Health Organisation	2003	16.2 or 31.9	Functional Limitations. Among people 18-65 years old. Prevalence differs according to indicators used for analysis. 16.2% is quoted in a discussion paper . 31.9% is quoted in the World Report on Disability . I prefer the 16.2% result because the method for getting it is clearly explained.
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Source: Compiled from various reports



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